

Application for RSCA Membership

Please submit this completed application along with a sample copy of your Certificate of Insurance to the address above. Applications will be reviewed on a monthly basis.

Type of Membership:

_____ **Contractor Member**
_____ Residential _____ Commercial _____ Both
_____ Low slope _____ Steep _____ Waterproofing _____ Other (specify)

_____ **Non-Contractor / Vendor Member**

Company description _____

The undersigned hereby applies for membership in the Roofing & Siding Contractors Alliance, Inc., and agrees that the answers herein are true:

Business Name or DBA: _____

Name of parent company _____

Name of subsidiaries? _____

By what other company names have you been known? _____

Years in Business in Illinois: _____ Years in Business in Missouri: _____

IL license # _____

Applicant's Name / Position in Company: _____

Business Address _____

_____ Zip _____

Phone _____ Fax _____

E-mail address _____

Memberships with other organizations: _____

References:

Bank: _____ Phone: _____

Non-Contractor / Vendor: _____ Phone: _____

Sponsoring RSCA Member: _____

If accepted, I will abide by the Alliance's By-Laws and Code of Ethics. (Available for review at www.rsca-inc.org.)

Signature: _____ Date: _____

APPROVED BY MEMBERS

Meeting date: _____

President's Signature: _____ Date: _____